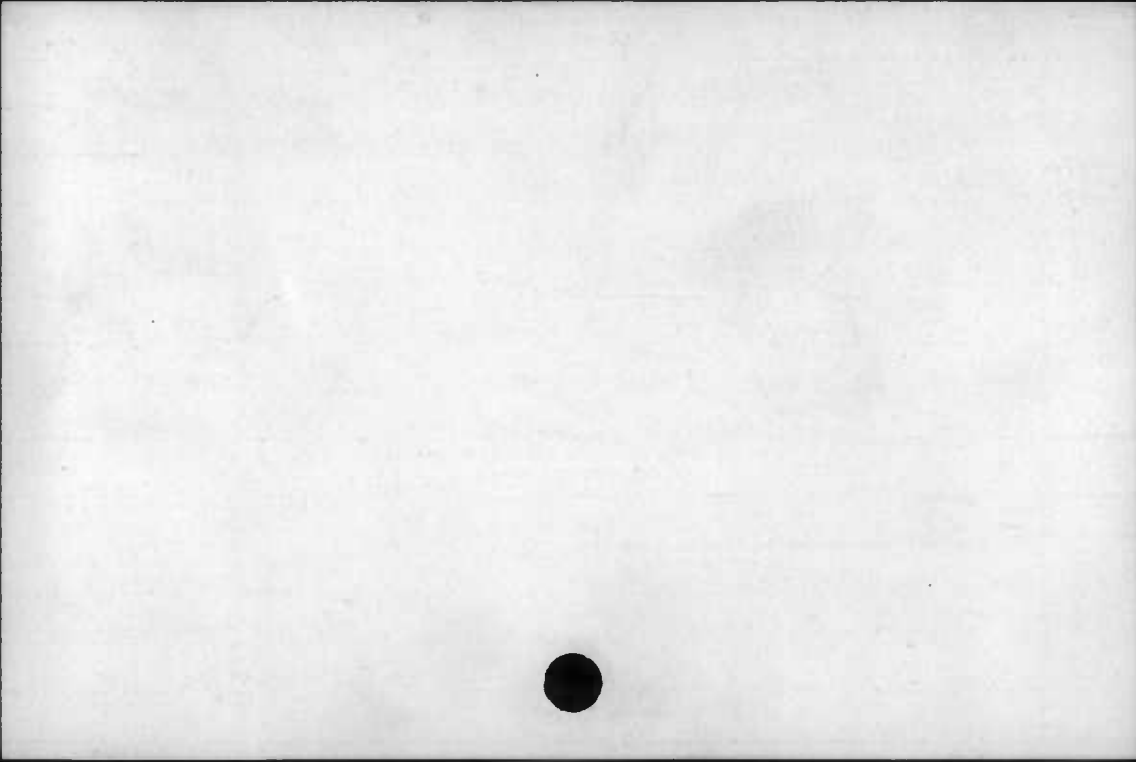


Name in Full		Sadie Berryman (Mother)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Age	Years	Months
	Sex		Color or Race		Birth-place		
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 100px; margin: 0 auto;">151</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						



Name In Full		Clement Chance				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Purresville		^{County} Anne Arundel		MARYLAND		
		Date of death 1908		Month 9	Day 14	Age 45	Years 17	Months
		Sex Male		Color or Race Caucasian		Birth-place Caroline Co Md		
		Occupation Retired Farmer		Where Residing if not at place of death		At Place of death		
		Married, Single or Widowed Married		Name of Wife or Husband		Virginia Riggins Chance		
		Father's Name Clement Chance		Father's Birthplace		D. A. Co.		
		Mother's Maiden Name Fanny Towers		Mother's Birthplace		Caroline		
		Name of person giving information Anna Bell		How related to deceased		Sister		
		CAUSES OF DEATH				64		
PHYSICIAN OR CORONER		Primary Chymic Pulmonary Nephritis		How long		4 or 5 yrs		
		Immediate Cerebral Hemorrhage		How long		4 days		
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician		M. J. Brown M.D.		
				Address		Centerville Md		
		Accident or Suicide? No						



Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

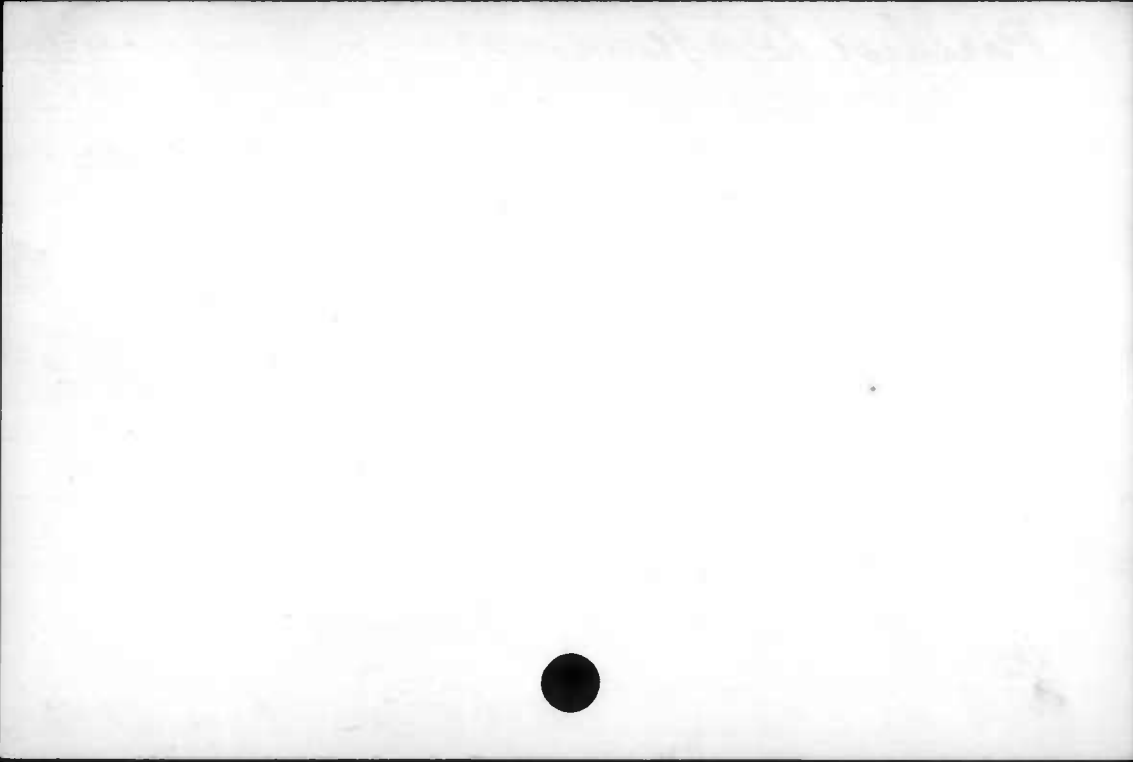
Died at <i>Mr. Church Hill</i>		Town <i>Sudler</i>		County <i>La.</i>		MAYLAND	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>1</i>		Age <i>17</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John P. Crisley</i>				Father's Birthplace <i>La. Co. Md</i>			
Mother's Maiden Name <i>Mary Elizabeth Siller</i>				Mother's Birthplace <i>La. Co. Md.</i>			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>accidentally shot</i>	How long	<i>sudden</i>
Immediate	<i>accidentally shot</i>	How long	<i>sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. B. Weedon</i>	
		Address <i>Church Hill Md.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Parsley Dickerson

Died at *Near Barclay Queen Anne* County *MARYLAND*

Date of death *1908* Month *9* Day *21* Age *1* Years *1* Months *15* Days

Sex *Male* Color or Race *Black* Birth-place *Ind -*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *George A. Dickerson* Father's Birthplace *Ind -*

Mother's Maiden Name *Mary Gibbs* Mother's Birthplace *Ind -*

Name of person giving information *George A. Dickerson* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

How long

Immediate

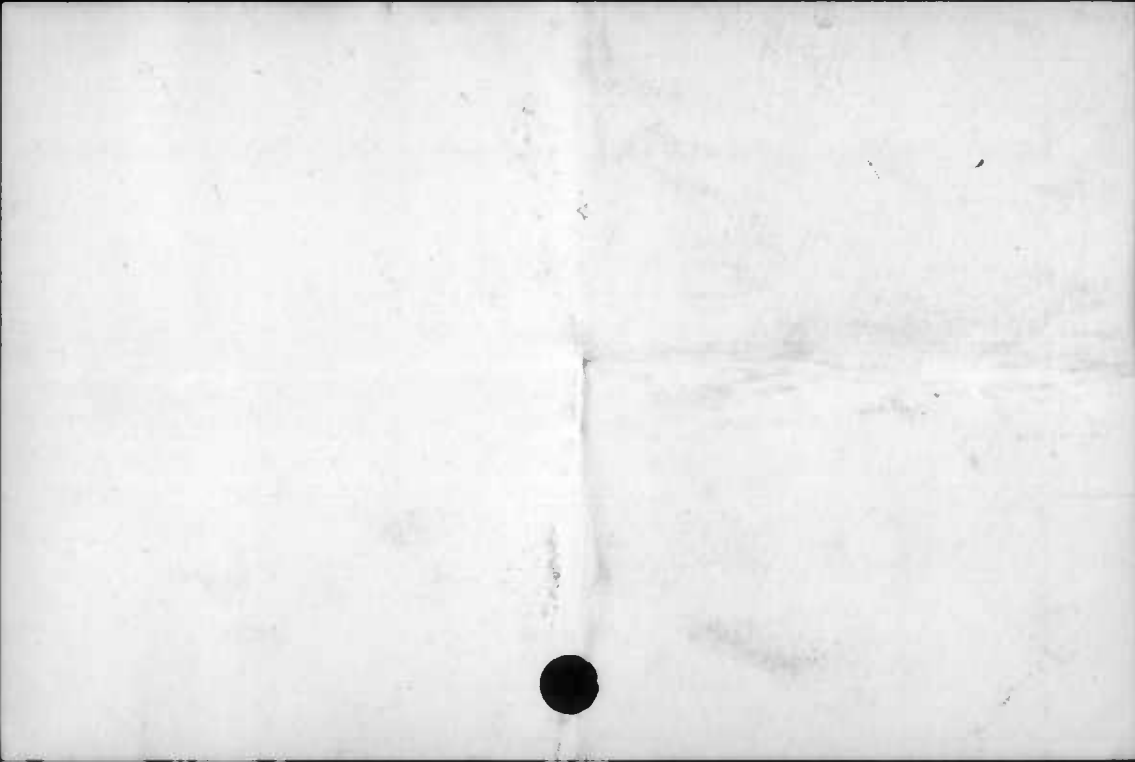
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Douglas Will

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

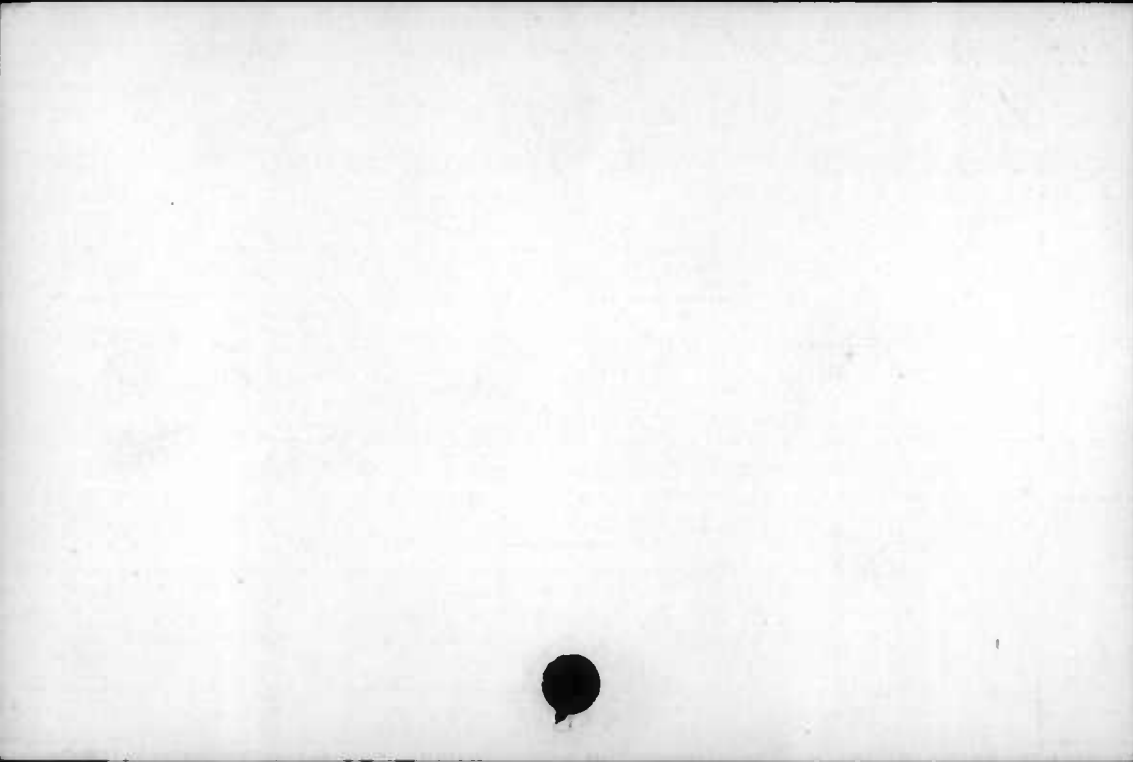
Died at <i>Centreville</i> ^{Town}		<i>Queen Annes</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Sept.</i>	Day	<i>27</i>
Age	<i>13</i>	Years	<i>6</i>	Months	<i>16</i>
Sex	<i>Male</i>	Color or Race	<i>negro</i>	Birth-place	<i>Queen Annes Co</i>
Occupation	<i>none</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Joseph Will</i>			Father's Birthplace	<i>Queen Annes Co.</i>
Mother's Maiden Name	<i>Mary Dorsey</i>			Mother's Birthplace	<i>Queen Annes Co.</i>
Name of person giving information	<i>Joseph Will</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. F. Smith</i>
		Address	<i>Centreville</i>
Accident or Suicide?	<i>no</i>		<i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Louis N. Dorrell		Town Centreville		County Queen Anne's		MARYLAND	
Died at		Date of death 1908 Sept 25		Age 2		Months 6	
Sex Male		Color or Race White		Birth-place Queen Anne's Co		Days	
Occupation none		Where Residing if not at place of death Centreville					
Married Single or Widowed		Name of Wife or Husband					
Father's Name Clifford Dorrell		Father's Birthplace Centreville					
Mother's Maiden Name Unity E. Cwing		Mother's Birthplace Queen Anne's Co					
Name of person giving Information Clifford Dorrell		How related to deceased Father					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 6 days
Immediate Toxemia	How long 2 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. H. K. M.
Accident or Suicide? no	Address Centreville



Name
in
Full

CERTIFICATE OF DEATH

• TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Barrioville</i>		Town <i>Barrioville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	190 <i>8</i>	Month	<i>9</i>	Day	<i>9</i>	Age	<i>89</i>
Sex	<i>Male</i>		Color or Race	<i>Caucasian</i>		Birth-place	<i>Caroline Co. Md.</i>
Occupation	<i>Farmer + Dr. Captain</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Enoch Hancock 2nd Annie Allen</i>			
Father's Name	<i>John Eaton</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Rebecca Hick</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving Information	<i>Mary Amanda Mendris</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

Primary	<i>Arterio Sclerosis</i>	How long	<i>4 wks</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. [illegible]</i>
		Address	<i>Specimenville Md</i>
Accident or Suicide	<i>No</i>		<i>No</i>

PHYSICIAN
OR CORONER



Name
in
Full

Frederick Emory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Queenstown</i>		Town <i>2 A</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>20</i>	Age <i>53</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>2 A Co</i>				
Occupation <i>Retired Farmer</i>			Where Residing if not at place of death <i>near Queenstown</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maud J. Hawescker</i>						
Father's Name <i>Blanchard Emory</i>			Father's Birthplace <i>2 A Co</i>				
Mother's Maiden Name <i>Mary Bowk</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>C Y Davidson</i>			How related to deceased <i>Brother, Son</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year 6 months</i>
Immediate <i>Cardiac exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland H. Ford</i>
	Address <i>Queenstown, Md.</i>
Accident or Suicide?	

Interment at
"Black Beard" (Klondike)
Private grounds

Name In Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Centreville</i> Town		County <i>Queen Anne's</i>	
		Date of death <i>1908 Sept 1st</i>		Age <i>18</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>none</i>		Where Residing if not at place of death <i>Centreville</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband	
PHYSICIAN OR CORONER		Father's Name <i>William Everitt</i>		Father's Birthplace <i>Kent Co</i>	
		Mother's Maiden Name <i>Lora Hunter</i>		Mother's Birthplace <i>Queen Anne's</i>	
		Name of person giving information <i>William Everitt</i>		How related to deceased <i>Father</i>	
		CAUSES OF DEATH		151	
PHYSICIAN OR CORONER		Primary <i>turn baby</i>		How long	
		Immediate <i>marasmus</i>		How long <i>from birth</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John W. Farnen</i>	
		Address <i>sub Registrar</i>			
Accident or Coincidence?					



Name
in
full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Franklin Dudley Griffin

Town *Church Hill* County *Queen Anne's* MARYLAND

Died at *Church Hill*

Date of death *1908 Sept 22* Age *—* Years Months *7* Days *17*

Sex *Male* Color or Race *White* Birth-place *Queen Anne's*

Occupation *—* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *William Thomas Griffin* Father's Birthplace *Ind*

Mother's Maiden Name *Nellie Green* Mother's Birthplace *Ind*

Name of person giving information *William Thomas Griffin* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholera Infon* How long *105* *1 days*

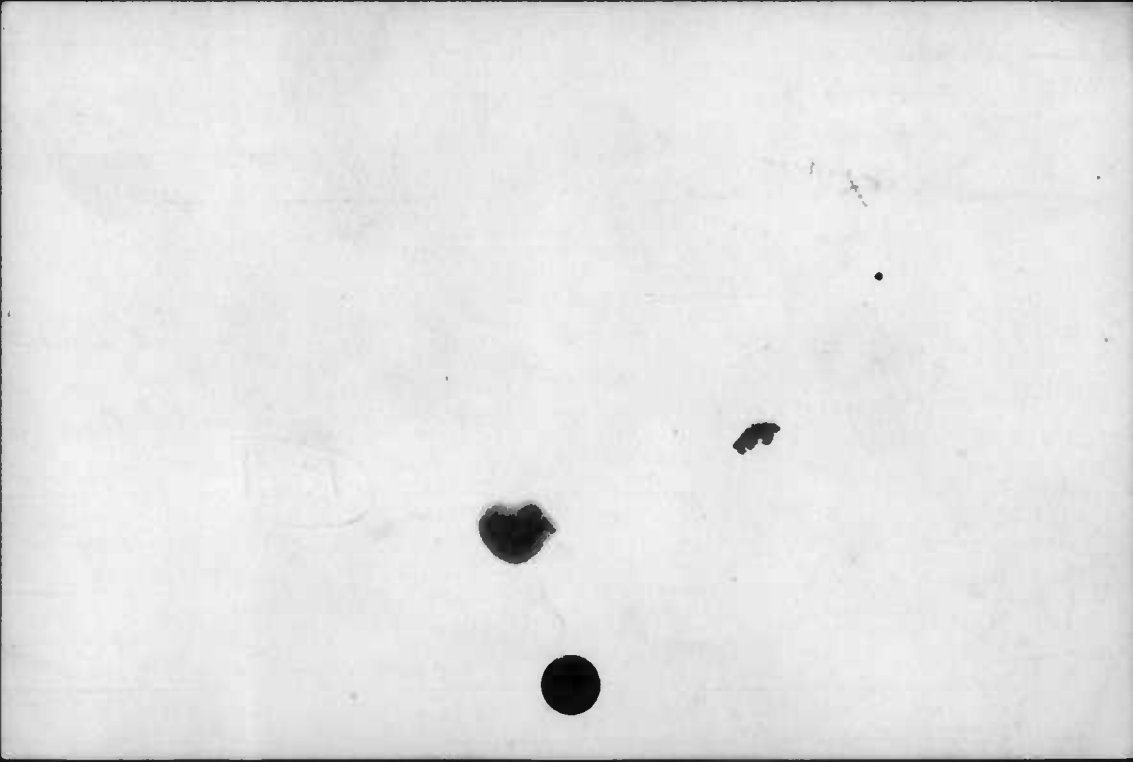
Immediate *Asthenia and hemorrhage* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. G. Coppock*

Address *Church Hill*

Accident or Suicide? *Ind*



Name
in
Full

Not Named

CERTIFICATE OF DEATH

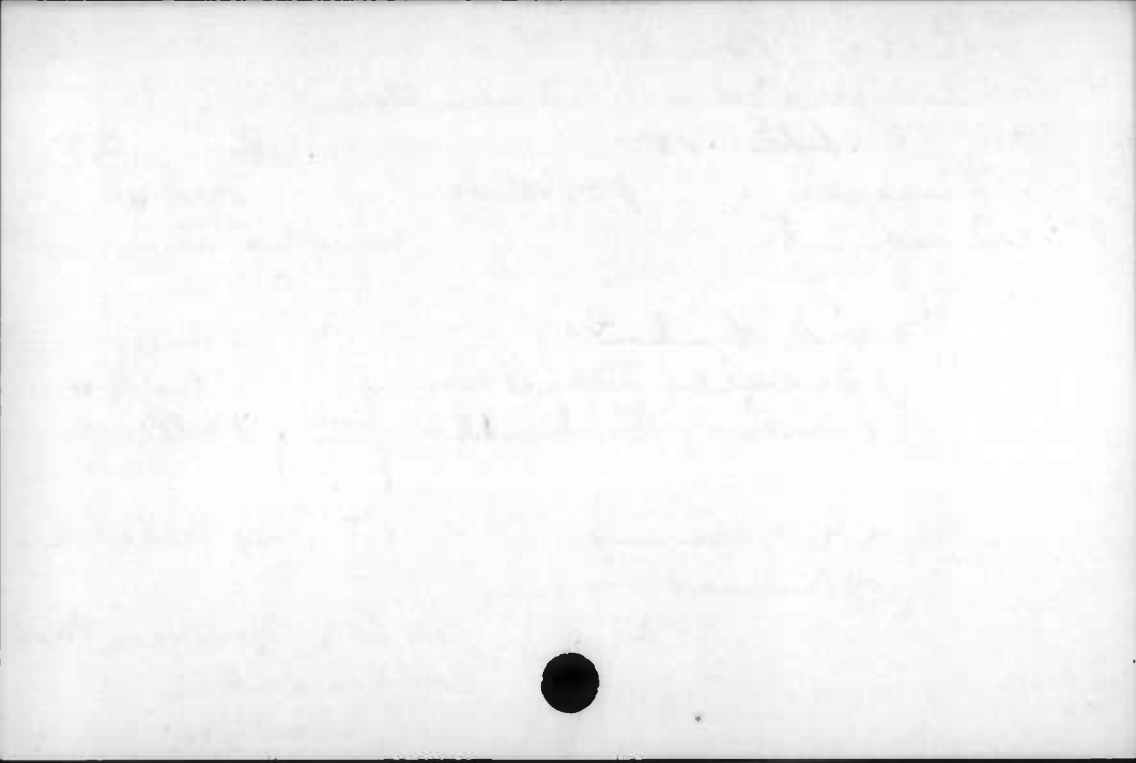
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centreville</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>4th</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Centreville Md</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Hymen I Horvitz</i>	Father's Birthplace <i>Russia</i>				
Mother's Maiden Name <i>Lena Mollen</i>	Mother's Birthplace <i>Russia</i>				
Name of person giving information <i>Hymen I Horvitz</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillborn</i>	How long <i>—</i>
Immediate <i>Stillborn</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. Smith</i>
	Address <i>Centreville Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Estella Bondnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

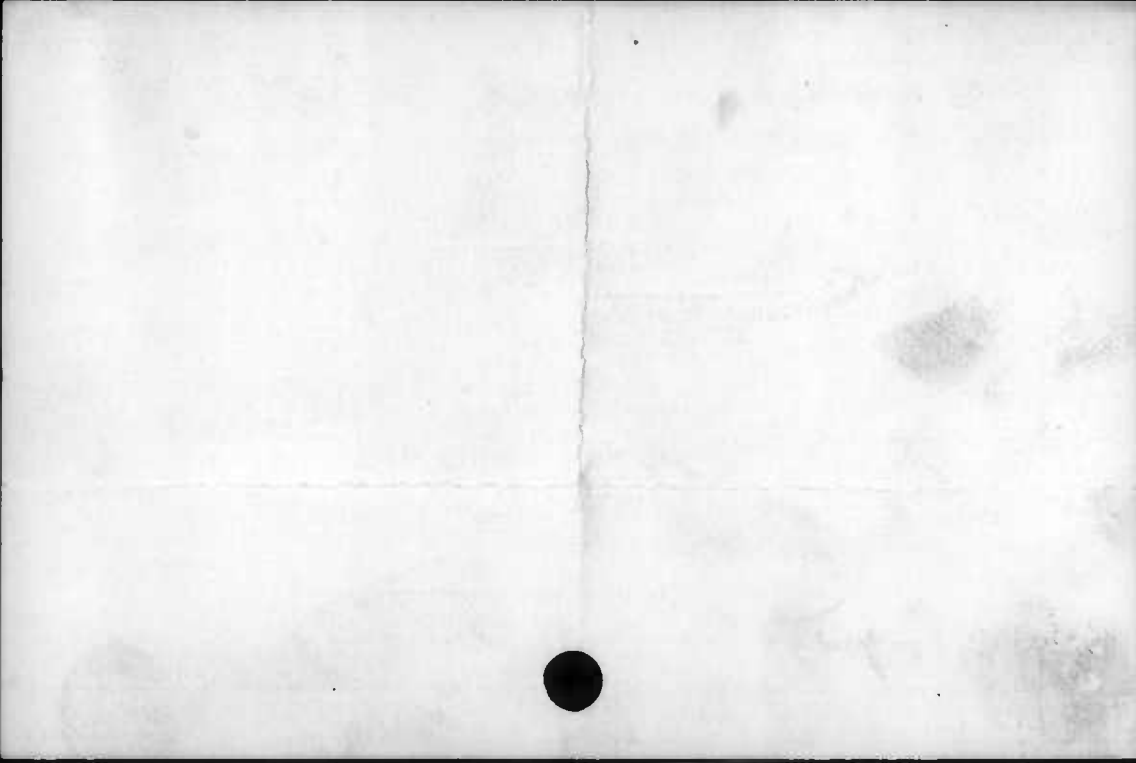
Died at <u>Ingleside</u> ^{Town}		<u>Queen Anne's</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month} <u>Sept.</u> ^{Day} <u>15</u>	Age	<u>8</u> ^{Years}	<u>8</u> ^{Months}	<u>24</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind.</u>
Occupation	<u>Infant</u>	Where Residing If not at place of death <u>Ingleside</u>			
Married, Single or Widowed	<u>✓</u>	Name of Wife or Husband <u>✓</u>			
Father's Name	<u>David Bondnell</u>			Father's Birthplace	<u>Va.</u>
Mother's Maiden Name	<u>Bessie Dawson</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>David Bondnell</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<u>marasmus</u>	How long	<u>Six weeks</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>W. W. Bowen</u>	
		Address	
		<u>Ingleside</u>	
		<u>Ind.</u>	
Accident or Suicide?			



Name
in
Full

Baby Jarman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Caudle Creek

Town

Innes Anne

County

MARYLAND

Date

of death 1908

8

Month

Sept

Day

20

Age

Years

0

Months

0

Days

0

Sex

Male

Color or
Race

White

Birth-
place

Innes Anne Co

Occupation

none

Where Residing if not
at place of death

Innes Anne Co

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Chas. Jarman

Father's
Birthplace

Kent Co.

Mother's
Maiden Name

Elizabeth Thomas Wallis

Mother's
Birthplace

Kent Co

Name of person giving
In formation

Elizabeth Thomas Wallis

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Still Born

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Francis B. Hime

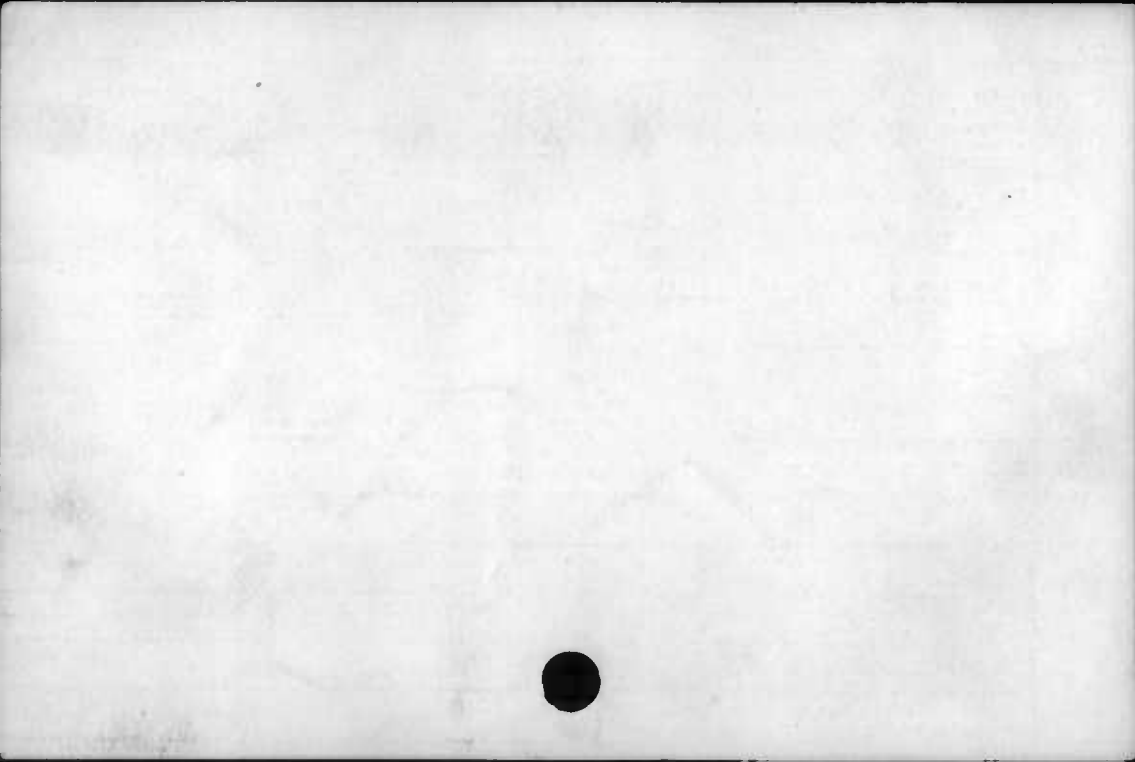
Address

Chester town, Md.

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

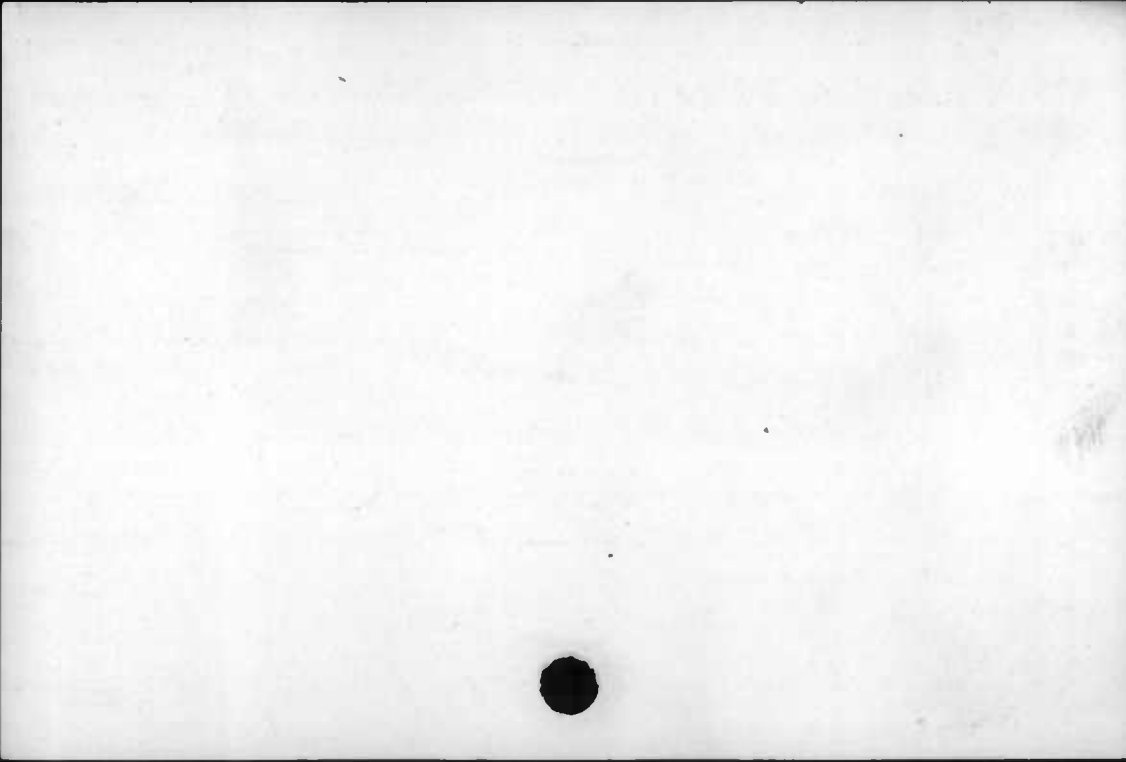
Name in Full <i>Thomas Martin</i>		Town <i>near Church Hill</i>		County <i>Queen Ann's</i>		MARYLAND	
Died <i>near Church Hill</i>		Month <i>Sept</i>		Day <i>10</i>		Age <i>64</i>	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>10</i>		Years <i>5</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>		Months <i>10</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah E. Martin</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Mary Martin</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Sarah E. Martin</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of the liver</i>	How long <i>9 months</i>
Immediate <i>Asthma</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Capozzo</i>
	Address <i>Church Hill Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

Andrew Rohit

Town

County

MARYLAND

Died at

Near Trappeville, Pennsylvania

Date

of death 1908

Month

9

Day

12

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth
place

Near Trappeville

Occupation

Where Residing if not
at place of death

Married, Single

~~Widowed~~Name of Wife or
HusbandFather's
Name

Andrew Rohit

Father's
Birthplace

Austria

Mother's
Maiden Name

Kate Rohit

Mother's
Birthplace

Austria

Name of person giving
Information

Andrew Rohit

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still-born

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

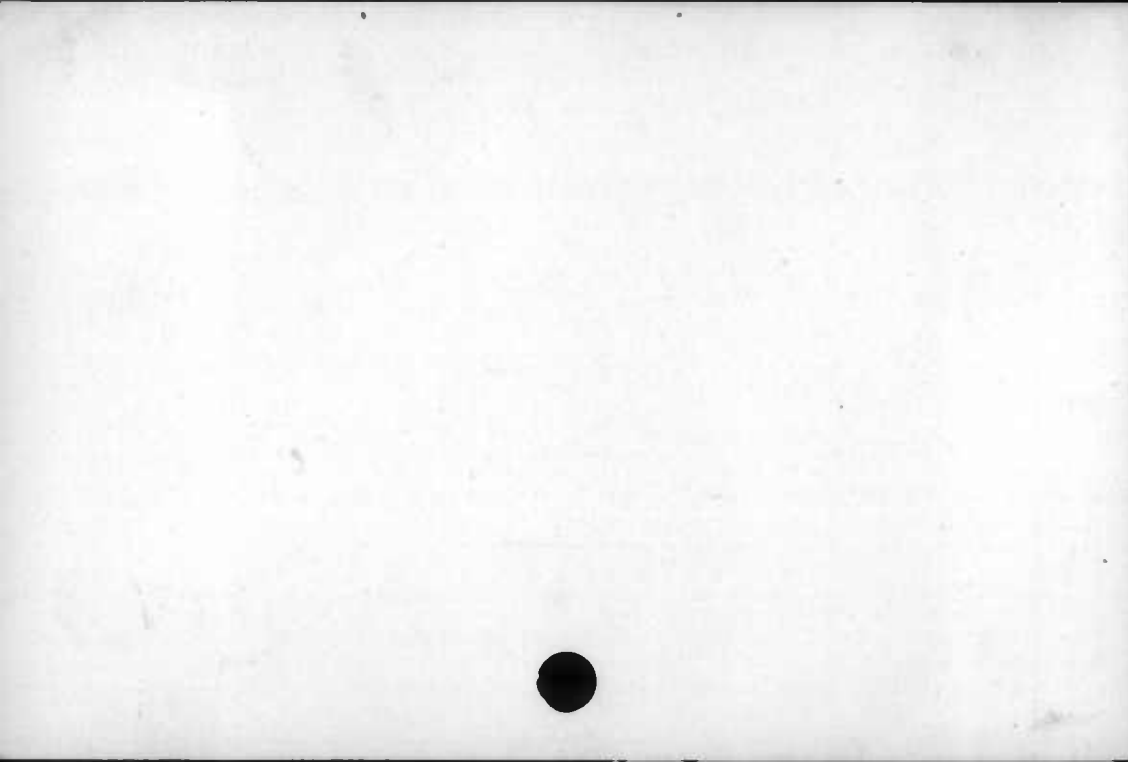
Signature of
Physician

Address

J. R. Lucet, M.D.
Trappeville, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ruth Smith

CERTIFICATE OF DEATH

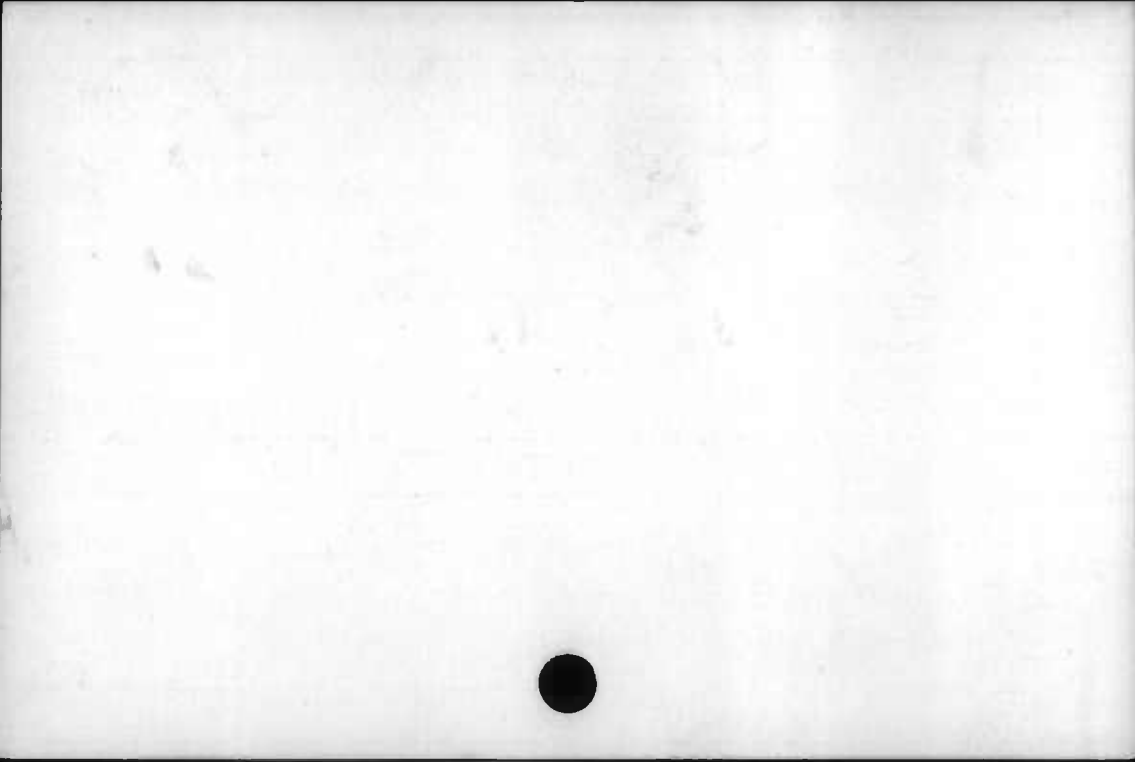
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u> <u>Jackson Creek</u>		County <u>2 a</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>2</u>	Age <u>1</u>	Years <u>1</u>	Months <u>2</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>2 a b c</u>	
Occupation <u></u>		Where Residing if not at place of death <u>Jackson Creek</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Oscar Smith</u>		Father's Birthplace <u>2 a b c</u>			
Mother's Maiden Name <u>Lottie Collier</u>		Mother's Birthplace <u>2 a b c</u>			
Name of person giving information <u>J Collier</u>		How related to deceased <u>Mother's Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebrospinal meningitis</u>	How long <u>Three days</u>
Immediate <u>Cardiac failure</u>	How long <u>Six hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. H. Ford</u>
<u>Dr. Wm. Winchester</u>	Address <u>Queenstown, Md.</u>
Accident or Suicide? <u></u>	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Carmichael</i>		County <i>2 & Co</i>		MARYLAND
	Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>15</i>	Years <i>58</i>	Months <i>11</i> Days
	Sex <i>Female</i>	Color or Race <i>negro</i>		Birthplace <i>2 & Co</i>	
	Occupation <i>House wife</i>	Where Residing if not at place of death <i>Carmichael</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mr J Henrich</i>			
	Father's Name <i>Mr Conley</i>	Father's Birthplace <i>Ind. Va</i>			
	Mother's Maiden Name <i>Hannah Lobon</i>	Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mr Conley</i>		How related to deceased <i>Brother</i>			
<div>CAUSES OF DEATH</div> <div>79</div>					
PHYSICIAN OR CORONER	Primary <i>Mitral regurgitation</i>		How long <i>Eight months</i>		
	Immediate <i>Cardiac failure</i>		How long <i>48 hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Rowland H. Ford</i>		
	<div>9</div>		Address <i>Queerstown, Md.</i>		
Accident or Suicide?					

Interment at

Kent Island, Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

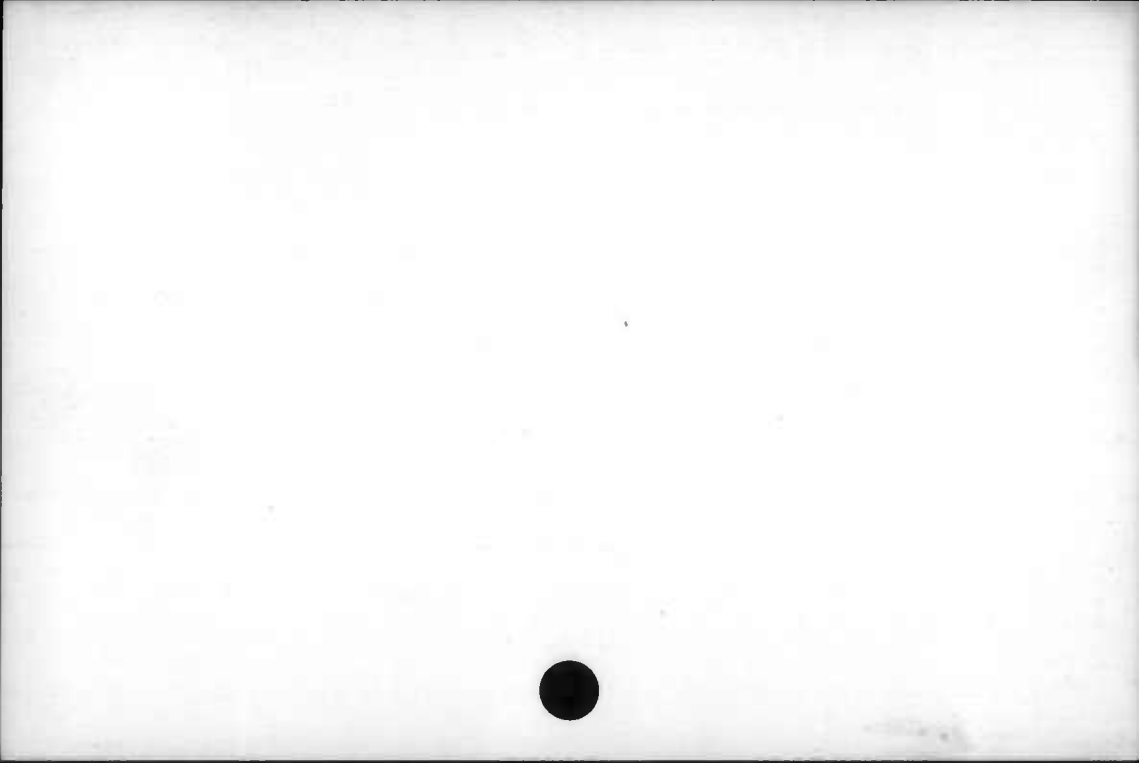
Name in Full <i>George W. Taylor</i>		Town <i>Centerville</i>		County <i>Queen Anne's</i>		MARYLAND	
Died at		Date of death 190 <i>8</i>		Month <i>Sept.</i>		Day <i>12</i>	
Sex <i>male</i>		Color or Race <i>Caucasian</i>		Age <i>37</i>		Years <i>37</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Farm Owner</i>		Birth-place <i>Maryland</i>		Months <i></i>	
Name of Wife or Husband <i></i>		Father's Name <i>Geo. W. Taylor</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Margaret A. Long</i>		Name of person giving information <i>D. Dr. Bordley</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>childhood</i>
Immediate <i>Paralysis, Cardiac</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Bordley MD</i>
<i></i>	Address <i>Centerville</i>
Accident or Suicide? <i>No</i>	<i>Maryland</i>



Name
in
Full

Mathe Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

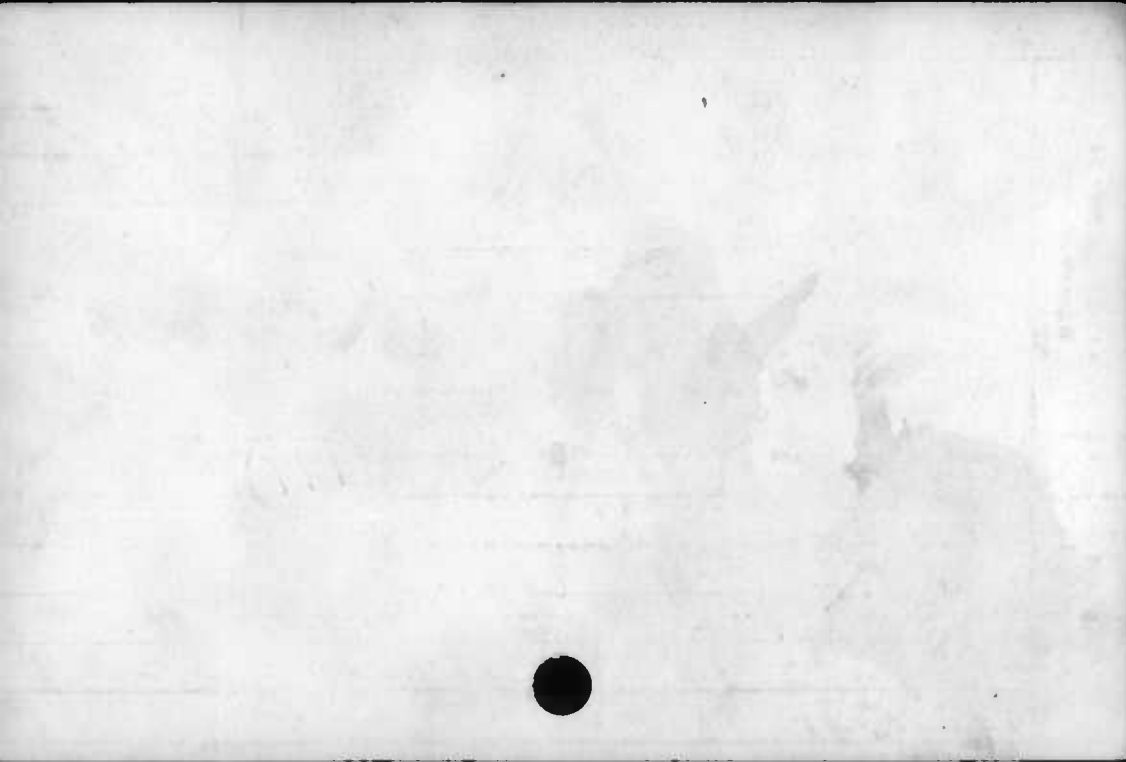
Died at		Town <i>Mr Barclay</i>		County <i>D. D. Co</i>		MARYLAND	
Date of death	1908	Month <i>sep</i>	Day <i>21</i>	Age <i>18</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth- place	<i>D. D. Co</i>
Occupation	<i>Cook</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>—</i>			Father's Birthplace		<i>D. D. Co.</i>	
Mother's Maiden Name	<i>Rachel Wright</i>			Mother's Birthplace		<i>D. D. Co.</i>	
Name of person giving In formation	<i>James Honey</i>			How related to deceased		<i>Step Father</i>	

CAUSES OF DEATH

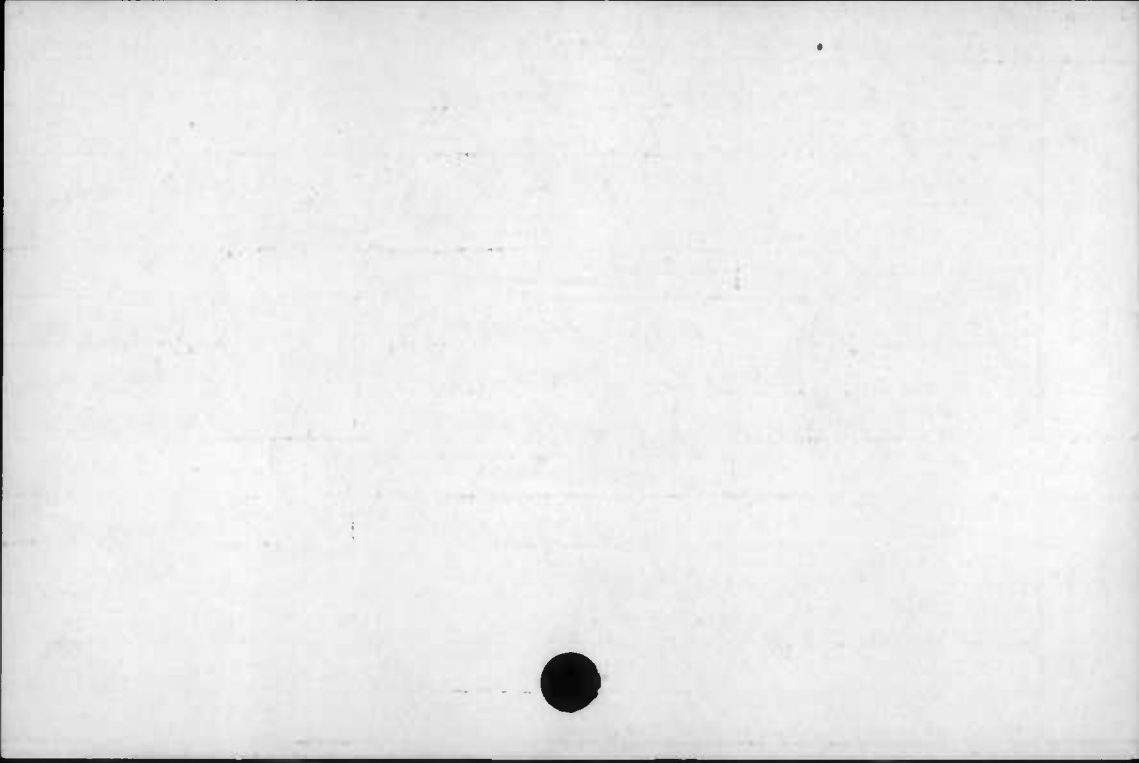
177

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>Unknown</i>
Immediate	<i>Heart Failure</i>	How long	<i>11</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Arthur E. Lander's</i>
		Address	<i>Crumpton</i>
Accident or Suicide?			



Name In Full		no name				County		Certificate of Death		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} near <u>Centerville</u>			County <u>Queen Anne</u>			MARYLAND		
		Date of death 1908		Month <u>9</u>	Day <u>27</u>	Age	Years <u>Seventy</u>	Months <u>00</u>	Days <u>00</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>near Centerville</u>				
		Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>					
		Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>					
PHYSICIAN OR CORONER		Father's Name <u>Chas Holmes Moon</u>				Father's Birthplace <u>2, A. Lee Md</u>				
		Mother's Maiden Name <u>Elizabeth Moon</u>				Mother's Birthplace <u>2, A. Lee Md</u>				
		Name of person giving information <u>Chas Holmes Moon</u>				How related to deceased <u>Father</u>				
		CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Shrubs & Fractures</u>				How long <u>1 day</u>				
		Immediate <u>—</u>				How long <u>—</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>J. W. Craddock</u>				
		Accident or Suicide? <u>no</u>				Address <u>Centerville Md</u>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buckhills</i> Town		<i>24</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>28</i>	Age <i>—</i>	Months <i>8</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md</i>		
Occupation <i>nurse</i>		Where Residing if not at place of death <i>Balto Md</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Joseph Pakulecky</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Sevandonsky</i>	How related to deceased <i>father</i>				
Name of person giving information <i>Joseph Pakulecky</i>					

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary <i>Chorea Infantum</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Brown</i>
<i>nt</i>	Address <i>Buckhills Md</i>
Accident or Suicide?	

